

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09785580</b>	FILING DATE <b>02/16/01</b>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.
1	1		1				51				
2		1		1			52				
3	1		1				53				
4		1		1			54				
5	1		1				55				
6		1		1			56				
7	1		1				57				
8		1		1			58				
9	1		1				59				
10		1		1			60				
11	1		1				61				
12		1		1			62				
13	1		1				63				
14		1		1			64				
15	1		1				65				
16	1		1				66				
17	1		1				67				
18	1		1				68				
19	1		1				69				
20		1		1			70				
21		1		1			71				
22		1		1			72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	13		14				TOTAL IND.				
TOTAL DEP.	9		8				TOTAL DEP.				
TOTAL CLAIMS	22		22				TOTAL CLAIMS				